

State of Montana
Office of the State Public Defender
REQUEST FOR PRE-APPROVAL OF CLIENT COSTS
INVESTIGATOR

All client costs exceeding \$200 per task in each case must be pre-approved by submitting this request form to the appropriate person as follows:

- The Regional Deputy Public Defender in cases assigned to an FTE, or a non-conflict case assigned to a contract attorney
- The Training Coordinator in cases assigned to conflict attorneys (*Eric Olson, 610 N. Woody, Missoula MT 59802*)
- The Chief Appellate Defender in appellate cases (*Jim Wheelis, PO Box 200145, Helena MT 59620*)

Requesting Attorney's Name

Date

Case Name

OPD Case Number

Task Provider's Name

Requested Pre-Approval Amount

The requesting attorney is responsible for keeping the pre-approved costs within the pre-approved amount. If costs are anticipated to exceed the pre-approved amount, the task must be resubmitted for approval of a supplemental amount on a new form prior to incurring any additional costs. It is imperative for the requesting attorney to monitor costs expended to date so as not to delay the supplemental process.

Justification for Task: _____

Next scheduled court appearance _____

Requesting Attorney Signature

Date

Please be advised that a ***Memorandum of Understanding, Investigator*** must be completed prior to beginning work on this case.

INVESTIGATOR: Immediately contact the referring attorney at the first indication that additional time is necessary to complete the investigation! If costs are anticipated to exceed the pre-approved amount, the task must be resubmitted for approval of a supplemental amount on the approved form prior to incurring any additional costs. Justification must be provided regarding the specifics of what additional time spent on the case will entail. **Post-approval of costs will not be granted except in extraordinary circumstances.**

The Requesting Attorney must complete and forward this form to the appropriate person for approval (see above).

Authorized Signature ☐ Approve ☐ Deny _____
Date

(Regional Deputy Public Defenders complete the next section and submit to the Central Office for approval if the request exceeds \$1000. The Chief Public Defender will review FTE attorney requests. The Contract Manager will review contract attorney requests.)

I certify that I have reviewed the request which exceeds \$1000; have explored alternative, financially responsible options with the requesting authority, and recommend that the request be
☐ Approved ☐ Denied

Authorized Signature _____
Date

For Central Office Use Only
Non-Conflict Requests Exceeding \$1000

☐ Approve ☐ Deny

Contract Manager/Chief Public Defender

Date